

Affidavit of Process Server

VIETTA L. JOHNSON, M.D., ETAL VS COOK COUNTY BUREAU OF HEALTH SERVICES, ETAL 08C213
 PLAINTIFF/PETITIONER DEFENDANT/RESPONDENT CASE #

Being duly sworn, on my oath, I Tracey Ellis
 declare that I am a citizen of the United States, over the age of eighteen and not a party to this action.

Service: I served Arnon Ham B.M.D.
 with the (documents) ☐ Subpoena with \$ _____ witness fee and mileage
 NAME OF PERSON/ENTITY BEING SERVED

☒ SUMMONS & COMPLAINT

by serving (NAME) JOSEPH COTY (RISK MANAGEMENT)

at ☐ Home

☒ Business 500 E. 31ST CHICAGO, IL

☒ on (DATE) 4-22-08 at (TIME) 9:15a

Thereafter copies of the documents were mailed by prepaid, first class mail on (DATE) _____

from (CITY) _____ (STATE) _____

Manner of Service:

☐ By Personal Service.

☒ By leaving, during office hours, copies at the office of the person/entity being served, leaving same with the person apparently in charge thereof,

namely JOSEPH COTY (RISK MANAGEMENT)

☐ By leaving a copy at the defendant's usual place of abode, with some person of the family or a person residing there, of the age of 13 years or upwards, and informing that person of the general nature of the papers,

namely _____

☐ By posting copies in a conspicuous manner to the address of the person/entity being served.

Non-Service: After due search, careful inquiry and diligent attempts at the address(es) listed above, I have been unable to effect process upon the person/entity being served because of the following reason(s):

☐ Unknown at Address

☐ Evading

☐ Other: _____

☐ Address Does Not Exist

☐ Service Cancelled by Litigant

☐ Moved, Left no Forwarding

☐ Unable to Serve in a Timely Fashion

Service Attempts: Service was attempted on: () _____ DATE TIME () _____ DATE TIME

() _____ DATE TIME () _____ DATE TIME () _____ DATE TIME

Description: ☒ Male ☐ White Skin ☒ Black Hair ☐ White Hair ☐ 14-20 Yrs. ☐ Under 5' ☐ Under 100 Lbs.
☐ Female ☒ Black Skin ☐ Brown Hair ☐ Balding ☐ 21-35 Yrs. ☐ 5'0"-5'3" ☐ 100-130 Lbs.
☐ Yellow Skin ☐ Blond Hair ☒ 36-50 Yrs. ☐ 5'4"-5'8" ☐ 131-160 Lbs.
☐ Brown Skin ☐ Gray Hair ☐ 51-65 Yrs. ☒ 5'9"-6'0" ☒ 161-200 Lbs.
☐ Glasses ☐ Red Skin ☐ Red Hair ☐ Mustache ☐ Over 65 Yrs. ☐ Over 6' ☐ Over 200 Lbs.
☐ Beard

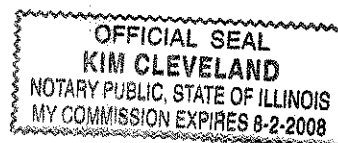
OTHER IDENTIFYING FEATURES: _____

State of Illinois

County of Cook

Subscribed and sworn to before me,
 a notary public, this 22 day of APRIL, 20 08

NOTARY PUBLIC



AO 440 (Rev. 05/00) Summons in a Civil Action

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

SUMMONS IN A CIVIL CASE

VIETTA L. JOHNSON, M.D., DANIEL
IVANKOVICH, M.D., KAREN NASH, M.D.,

V.

COOK COUNTY BUREAU OF HEALTH
SERVICES, ROBERT R. SIMON, M.D., AARON
HAMB, M.D., CLIFFORD CRAWFORD, M.D.

CASE NUMBER: 08 C 2139

ASSIGNED JUDGE: JUDGE CASTILLO

DESIGNATED
MAGISTRATE JUDGE: MICHAEL W. DOBBINS

TO: (Name and address of Defendant)

AARON HAMB, M.D.
500 E. 51st Street
Chicago, Illinois 60615

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

LINDA C. CHATMAN
MARCUS, BOXERMAN & CHATMAN
19 S. LaSALLE SUITE 1500
CHICAGO, IL 60603

answer to the complaint which is herewith served upon you, within 20 days after service of this
summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the
amount demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time
after service.

MICHAEL W. DOBBINS, CLERK

W. ISUFI

CLERK

APR 17 2008

DATE

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE
NAME OF SERVER (PRINT)	TITLE

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where served: _____

☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left: _____

☐ Returned unexecuted: _____

☐ Other (specify): _____

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on _____

Date

Signature of Server

Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.